

| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY2009</b><br><small>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</small>   |            | Docket Number (Optional)<br><b>P71523US / 37049.00003</b> |                |            |                         |  |  |       |      |          |  |       |       |          |   |        |       |                |   |        |       |          |   |        |        |          |
|--|------------|---|----------------|------------|-------------------------|--|--|-------|------|----------|--|-------|-------|----------|---|--------|-------|----------------|---|--------|-------|----------|---|--------|--------|----------|
| Application Number: <b>10/519,804</b>  |            | Filed: <b>19 May 2006</b>                                 |                |            |                         |  |  |       |      |          |  |       |       |          |   |        |       |                |   |        |       |          |   |        |        |          |
| <b>For: NOVEL COMPOUNDS, PHARMACEUTICAL COMPOSITIONS CONTAINING SAME, AND METHODS OF USE FOR SAME</b>  |            |   |                |            |                         |  |  |       |      |          |  |       |       |          |   |        |       |                |   |        |       |          |   |        |        |          |
| Art Unit: <b>1625</b>  |            | Examiner: <b>Niloofer Rahmani</b>                         |                |            |                         |  |  |       |      |          |  |       |       |          |   |        |       |                |   |        |       |          |   |        |        |          |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="text-align: center; width: 20%;"><u>Fee</u></th> <th style="text-align: center; width: 20%;"><u>Small Entity Fee</u></th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$130</td> <td style="text-align: center;">\$65</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two month (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$490</td> <td style="text-align: center;">\$245</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three month (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1110</td> <td style="text-align: center;">\$555</td> <td style="text-align: center;">\$ <u>1110</u></td> </tr> <tr> <td><input type="checkbox"/> Four month (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1730</td> <td style="text-align: center;">\$865</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five month (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2350</td> <td style="text-align: center;">\$1175</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1943.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038</b></p> <p>I am the      <input type="checkbox"/> applicant / inventor.<br/> <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/> Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/95).<br/> <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>58699</u><br/> <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br/> Registration number if acting under 37 CFR 1.34 _____</p> <hr style="margin-top: 10px;"/> <p style="text-align: center; margin-bottom: 0px;"><u>/J. Eric Sumner/</u><br/>Signature</p> <p style="text-align: right; margin-top: 0px;"><b>21 January 2010</b><br/>Date</p> <hr style="margin-top: 10px;"/> <p style="text-align: center; margin-bottom: 0px;"><u>J. Eric Sumner</u><br/>Typed or printed name</p> <p style="text-align: right; margin-top: 0px;"><b>215-299-2772</b><br/>Telephone Number</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> |            |   |                | <u>Fee</u> | <u>Small Entity Fee</u> |  | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$130 | \$65 | \$ _____ | <input type="checkbox"/> Two month (37 CFR 1.17(a)(2)) | \$490 | \$245 | \$ _____ | <input checked="" type="checkbox"/> Three month (37 CFR 1.17(a)(3)) | \$1110 | \$555 | \$ <u>1110</u> | <input type="checkbox"/> Four month (37 CFR 1.17(a)(4)) | \$1730 | \$865 | \$ _____ | <input type="checkbox"/> Five month (37 CFR 1.17(a)(5)) | \$2350 | \$1175 | \$ _____ |
|  | <u>Fee</u> | <u>Small Entity Fee</u>                                   |                |            |                         |  |  |       |      |          |  |       |       |          |   |        |       |                |   |        |       |          |   |        |        |          |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$130      | \$65  | \$ _____       |            |                         |  |  |       |      |          |  |       |       |          |   |        |       |                |   |        |       |          |   |        |        |          |
| <input type="checkbox"/> Two month (37 CFR 1.17(a)(2))   | \$490      | \$245   | \$ _____       |            |                         |  |  |       |      |          |  |       |       |          |   |        |       |                |   |        |       |          |   |        |        |          |
| <input checked="" type="checkbox"/> Three month (37 CFR 1.17(a)(3))  | \$1110     | \$555   | \$ <u>1110</u> |            |                         |  |  |       |      |          |  |       |       |          |   |        |       |                |   |        |       |          |   |        |        |          |
| <input type="checkbox"/> Four month (37 CFR 1.17(a)(4))  | \$1730     | \$865   | \$ _____       |            |                         |  |  |       |      |          |  |       |       |          |   |        |       |                |   |        |       |          |   |        |        |          |
| <input type="checkbox"/> Five month (37 CFR 1.17(a)(5))  | \$2350     | \$1175  | \$ _____       |            |                         |  |  |       |      |          |  |       |       |          |   |        |       |                |   |        |       |          |   |        |        |          |